**MASS VIOLENCE INCIDENT RESPONSE**

**FORM A**

**DAILY STATISTICS**

Date:

**Number of Hours:**

Advocate:

MVI Event:

# Victims Served/Assisted (tally):

|  |  |
| --- | --- |
| **Services Provided (tally)** | |
| Accompaniment to Emergency Medical Care |  |
| Cell Phone (911) Provided |  |
| Child or Dependent Care Assistance |  |
| CJ Process Information |  |
| Counseling Referral |  |
| Crisis Intervention |  |
| CVCP Assistance |  |
| Death Notification |  |
| Emergency Financial Assistance |  |
| Funeral Arrangement Assistance |  |
| Individual Advocacy |  |
| Interpreter Services |  |
| Intervention With Employer, Creditor, Landlord, School |  |
| Law Enforcement Interview Accompaniment |  |
| Assistance with Medical Examiner for Family |  |
| Referral to Victim Services Programs |  |
| Referral to Other Services |  |
| Relocation Assistance |  |
| Reunification with Family |  |
| Rights and How to Get Notice |  |
| Transportation Assistance |  |
| Victim Identification Interview |  |